



FH  
[REDACTED]

**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MPA/173611

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**PRELIMINARY RECITALS**

Pursuant to a petition filed April 7, 2016, under Wis. Stat., §49.45(5), to review a decision by the Division of Health Care Access and Accountability (DHCAA) to deny Medical Assistance (MA) authorization for root canal therapy, a hearing was held on May 18, 2016, at Milwaukee, Wisconsin, with the parties appearing by telephone.

The issue for determination is whether the requested root canal meets the criteria for approval.

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703

By: Written submission of [REDACTED], DDS

**ADMINISTRATIVE LAW JUDGE:**

Brian C. Schneider  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. On January 12, 2016 Dr. [REDACTED] requested authorization on petitioner's behalf for a root canal of tooth no. 19 (the PA form said tooth 18 but it later was confirmed to be tooth 19), PA no. [REDACTED]
3. By a letter dated March 18, 2016, the DHCAA denied the request because, after reviewing petitioner's x-ray, the consultant determined that petitioner did not have a tooth in occlusion with tooth no. 19, and there was no assertion that petitioner had a denture/appliance replacing the tooth in occlusion to tooth 19.

### DISCUSSION

The Wisconsin Administrative Code, §DHS 107.02(3)(e) provides requirements for approving prior authorization requests. The first requirement is that the service be appropriate. The Department has policies for determining whether the requirements are met for individual medical services. The Department's prior authorization guidelines are found online, broken down into areas of MA service, at [www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx](http://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx).

The guideline for root canal therapy is at Topic 2881 under "Covered and Noncovered Services - Endodontics." A root canal can be granted if all of the following exist:

- Evidence of good periodontal health (AAP periodontal classification of Type I or II).
- Evidence visible on radiographs that at least 50 percent of the clinical crown is intact.
- A treatment plan that identifies no more than three teeth for root canal therapy, including molars.

In addition the DHCAA will deny a root canal if there is no opposing tooth in occlusion (in occlusion means two teeth in the upper and lower jaw that bite down on each other). In a prior authorization request the provider has the obligation to justify the provision of the service. Admin. Code, §DHS 107.02(3)(d)6.

Petitioner's dentist has provided no evidence to refute the DHCAA's assertion that petitioner has no tooth or denture in occlusion to tooth no. 19. I thus must uphold the denial.

### CONCLUSIONS OF LAW

The requested root canal is not medically necessary because petitioner does not have a tooth in occlusion to the impacted tooth with which she could chew.

**THEREFORE, it is**

**ORDERED**

That the petition for review is hereby dismissed.

### **REQUEST FOR A REHEARING**

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

**APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,  
Wisconsin, this 23rd day of May, 2016

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\sBrian C. Schneider  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on May 23, 2016.

Division of Health Care Access and Accountability